USE THIS FORM AS MASTER AND COMPLETE FOR ALL PARTICIPATING DIRECT ACCTS

MAY 1996 DORAL DPC PRODUCT / DISPLAY ORDER FORM

Distributor Promotion Coverage

DORAL .30¢ Off 1-Pack / #600358

Please complete and return this form to the ROU by no later than:
MAY 10, 1996

HERB BATTLE

MGR's NAME

COPY

REGION ALLOCATION: 420 SKUs
ALLOCATION
(Item #507194)
PACKED 5 DISPLAYS / SKU

ROU: **SEND (✓)** _____ **DO *NOT* SEND (✓)**

CUSTOMER LETTERS TO PARTICIPATING ACCOUNTS

I WILL NEED THE FOLLOWING PRODUCT / DISPLAYS ORDERED TO THE LISTED DIRECT ACCOUNT(S):

PITTSTON CANO- | 329267 | 6

DIRECT ACCOUNT | **SIS #** | **No./ SKUS (#507194)** 0104-1868

PRODUCT ARRIVAL DATE: 4-22-96 **(MGR. FILL IN)**

DORAL BRAND STYLES / NUMBER OF CASES NEEDED

1	WILL ORDER											
FF 12M	FF Bx 6M	FF 100 12M	FF MN 6M	FFM 100 6M	LT 12M	LT Bx 6M	LT 100 12M	LT MN 6M	LTM 100 12M	ULT LT 6M	U LT 100 12M	NON-FIL 6M

ROOF WHOLESALE | 212016 | 6

DIRECT ACCOUNT | **SIS #** | **No./ SKUS (#507194)** 507194

PRODUCT ARRIVAL DATE: _____ **(MGR. FILL IN)** 0104-1910

DORAL BRAND STYLES / NUMBER OF CASES NEEDED

1	WILL ORDER											
FF 12M	FF Bx 6M	FF 100 12M	FF MN 6M	FFM 100 6M	LT 12M	LT Bx 6M	LT 100 12M	LT MN 6M	LTM 100 12M	ULT LT 6M	U LT 100 12M	NON-FIL 6M

MAIL / FAX THIS FORM TO ROU, ATTN: JUDY

51859 6319

Source: https://www.industrydocuments.ucsf.edu/docs/skfn0000

GHCP18RN1610XX TEMPORARY PAYMENT DETAIL REPORT 04/26/96

ACCOUNT NUMBER: 212016
VOUCHER NUMBER: 15307863
DATE WRITTEN: 04/26/96
STATUS: PAID
AMOUNT PAID: 210.00

ROOF WHOLESALE CO
RR 2 BOX 160
TOWANDA , PA 18848

SEND CHECK TO: ROU

DESCRIPTION	UNITS	AMOUNT
DOR MAR $7 DPC	30.00	210.00

EXPLANATION: MARCH DORAL DPC / HB / AMM

51859 6320

Source: https://www.industrydocuments.ucsf.edu/docs/skfn0000

MARCH

DISTRIBUTOR PROMOTION COVERAGE PAYMENTS
VOUCHER REQUEST FORM

TO ROU: PLEASE REQUEST PAYMENT FOR THE FOLLOWING ACCOUNT

FROM: HERB BATTLE / 1642
NAME DIV. AND/OR ASSIGN. #

DATE: 4-17-96

DPC PAYMENT FOR: MARCH DORAL .30¢ OFF 1-PACK / #600096

ACCOUNT SIS # 2 1 2 0 1 6

ACCOUNT NAME: ROOF WHOLESALE

SEND PAYMENT TO (X): X ACCOUNT ____ MY ATTENTION

ASSEMBLY / DELIVERY PAYMENT:

#/DISPLAYS	RATE PER DISPLAY	TOTAL ($)
30	x $7.00	= $210.00

VPR PAYMENT:
('DOR MAR PR RED')

#/PACKS	RATE PER PACK	TOTAL ($)
—	x $ .30 —	= $ —

COMMENTS:

(MASTER FORM)
COMPLETE ONE FORM FOR EACH DIRECT ACCOUNT PAYMENT IS REQUESTED FOR
MAIL / FAX THIS FORM TO ROU NO LATER THAN APRIL 19TH,
ATTN: JUDY

1/96

51859 6321

Source: https://www.industrydocuments.ucsf.edu/docs/skfn0000

USE THIS FORM AS MASTER AND COMPLETE FOR ALL PARTICIPATING DIRECT ACCTS

MAY 1996 SALEM DPC PRODUCT / DISPLAY ORDER FORM

Distributor Promotion Coverage

SALEM .30¢ Off 1-Pack / #600232

Please complete and return this form to the ROU by no later than:
MAY 10, 1996

HERB BATTLE

MGR's NAME

REGION ALLOCATION: 176 SKUs
ALLOCATION
(Item #504524)
PACKED 5 DISPLAYS / SKU

ROU: SEND (✓) ____ DO *NOT* SEND (✓) ____

CUSTOMER LETTERS TO PARTICIPATING ACCOUNTS

I WILL NEED THE FOLLOWING PRODUCT / DISPLAYS ORDERED TO THE LISTED DIRECT ACCOUNT(S):

DIRECT ACCOUNT	SIS #	No./ SKUS (#504524)
PITSTON CANDY	329267	12

6106-6857

PRODUCT ARRIVAL DATE: 4-22-96 (MGR. FILL IN)

***SALEM BRAND STYLES* / NUMBER OF CASES NEEDED**

I WILL ORDER			
KING 12M	100 12M	LIGHT 12M	LIGHT 100 12M

DIRECT ACCOUNT	SIS #	No./ SKUS (#504524)
ROOF WHOLESALE	212016	6

PRODUCT ARRIVAL DATE: 4-22-96 (MGR. FILL IN)

***SALEM BRAND STYLES* / NUMBER OF CASES NEEDED**

I WILL ORDER			
KING 12M	100 12M	LIGHT 12M	LIGHT 100 12M

6106-6861

51859 6322

MAIL / FAX THIS FORM TO ROU, ATTN: JUDY

Source: https://www.industrydocuments.ucsf.edu/docs/skfn0000

GHCP18RN1610XX TEMPORARY PAYMENT DETAIL REPORT 03/15/96

ACCOUNT NUMBER: 212016
VOUCHER NUMBER: 15303121
DATE WRITTEN: 03/15/96
STATUS: PAID
AMOUNT PAID: 210.00

ROOF WHOLESALE CO
RR 2 BOX 160
TOWANDA , PA 18848

SEND CHECK TO: ROU

DESCRIPTION	UNITS	AMOUNT
CAM FEB $7 DPC	30.00	210.00

EXPLANATION: FEB DPC CAMEL .35¢/PACK 600024 / HB

51859 6323

Source: https://www.industrydocuments.ucsf.edu/docs/skfn0000

FEBRUARY

DISTRIBUTOR PROMOTION COVERAGE PAYMENTS
VOUCHER REQUEST FORM

TO ROU: PLEASE REQUEST PAYMENT FOR THE FOLLOWING ACCOUNT

FROM: HERB BATTLE / 1642
NAME DIV. AND/OR ASSIGN. #

DATE: 3-4-96

DPC PAYMENT FOR: FEBRUARY CAMEL .35¢ OFF 1-PACK /#600024

ACCOUNT SIS # 2 1 2 0 1 6

ACCOUNT NAME: ROOF WHOLESALE

COMPLETED

SEND PAYMENT TO (X): ____ ACCOUNT X MY ATTENTION

ASSEMBLY / DELIVERY PAYMENT:

#/DISPLAYS	RATE PER DISPLAY	TOTAL ($)
30	x $7.00	= $ 210.00

VPR PAYMENT:
('FEB .35DPC VP')

#/PACKS	RATE PER PACK	TOTAL ($)
_____	x $ .35	= $_____

COMMENTS:

(MASTER FORM)
COMPLETE ONE FORM FOR EACH DIRECT ACCOUNT PAYMENT IS REQUESTED FOR
MAIL / FAX THIS FORM TO ROU NO LATER THAN MARCH 18TH, ATTN: JUDY

1/96

51859 6324

Source: https://www.industrydocuments.ucsf.edu/docs/skfn0000

USE THIS FORM AS MASTER AND COMPLETE FOR ALL PARTICIPATING DIRECT ACCTS

APRIL 1996 WINSTON DPC PRODUCT / DISPLAY ORDER FORM

Distributor Promotion Coverage

WINSTON .30¢ Off 1-Pack / # 600360

Please complete and return this form to the ROU by no later than:
APRIL 12, 1996

Herb Battle
MGR's NAME

REGION ALLOCATION: 422 SKUs
ALLOCATION
(Item #505193)
PACKED 5 DISPLAYS / SKU

ROU: SEND (✓) _____ DO *NOT* SEND (✓)

CUSTOMER LETTERS TO PARTICIPATING ACCOUNTS

I WILL NEED THE FOLLOWING PRODUCT / DISPLAYS ORDERED TO THE LISTED DIRECT ACCOUNT(S):

Pittston Candy | 329267 | 6 | ORDERED BY KIM
DIRECT ACCOUNT | SIS # | No./ SKUS (#505193)
PRODUCT ARRIVAL DATE: 3-29-96 (MGR. FILL IN)
WINSTON BRAND STYLES / NUMBER OF CASES NEEDED

1	WILL	ORDER	PRODUCT											

Roof Wholesale | 21206 | 6 | 6088-0935
DIRECT ACCOUNT | SIS # | No./ SKUS (#505193)
PRODUCT ARRIVAL DATE: _____ (MGR. FILL IN)
WINSTON BRAND STYLES / NUMBER OF CASES NEEDED

1	WILL	ORDER	PRODUCT											

MAIL / FAX THIS FORM TO ROU, ATTN: JUDY
1/96

51859 6325

Source: https://www.industrydocuments.ucsf.edu/docs/skfn0000

USE THIS FORM AS MASTER AND COMPLETE FOR ALL PARTICIPATING DIRECT ACCTS

MARCH 1996 DPC FORM

Distributor Promotion Coverage

DORAL .30¢ Off 1-Pack / #600096

Please complete and return this form to the ROU by no later than:
April 19, 1996

HERB BATTLE

MGR's NAME

REGION ALLOCATION: 791 SKUs
ALLOCATION
(Item #502910)
PACKED 5 DISPLAYS / SKU

ROU: SEND (✓) **DO NOT SEND (✓)** ✓

CUSTOMER LETTER TO PARTICIPATING ACCOUNTS:

I WILL NEED THE FOLLOWING PRODUCT / DISPLAYS ORDERED TO THE LISTED DIRECT ACCOUNT(S):

CHRISTMAN WHOLESALE 095000 6 #6067-1415

DIRECT ACCOUNT **SIS #** **No./ SKUS (#502910)**

PRODUCT ARRIVAL DATE: 3-7-96 **(MGR. FILL IN)**

DORAL BRAND STYLES / NUMBER OF CASES NEEDED

FF 12M	FF BX 6M	FF 100 12M	FF MN 6M	FFM 100 6M	LT 12M	LT BX 6M	LT 100 12M	LT MN 6M	LTM 100 12M	ULT LT 6M	U LT 100 12M	NON-FIL 6M

ROOF WHOLESALE 212016 6 #6067-1418

DIRECT ACCOUNT **SIS #** **No./ SKUS (#502910)**

PRODUCT ARRIVAL DATE: 3-7-96 **(MGR. FILL IN)**

DORAL BRAND STYLES / NUMBER OF CASES NEEDED:

FF 12M	FF BX 6M	FF 100 12M	FF MN 6M	FFM 100 6M	LT 12M	LT BX 6M	LT 100 12M	LT MN 6M	LTM 100 12M	ULT LT 6M	U LT 100 12M	NON-FIL 6M

MAIL / FAX THIS FORM TO ROU, ATTN: JUDY

1/96

51859 6326

Source: https://www.industrydocuments.ucsf.edu/docs/skfn0000